

RELINQUISHMENT Out of State In-Armed Forces

On this _____ day of _____, 19 _____,
the _____

Name of Agency

hereby signifies its willingness to accept the annexed relinquishment
and to accept said child for adoption

By _____
AUTHORIZED AGENCY OFFICIAL

I/We the father/mother/parents of _____, a minor

_____ child, born _____
SEX _____ DATE _____ CITY _____ STATE _____

do hereby relinquish and surrender said minor child for adoption to the

_____ () _____
AGENCY NAME ADDRESS TELEPHONE NUMBER

an organization licensed by the State Department of Social Services/authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children for adoption. It is fully understood by me/us that when this relinquishment is filed with the State Department of Social Services--Adoptions Branch by said agency, all my/our rights to the custody, services and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated.

Date _____

On this _____ day of _____, 19 _____, before me, _____
NAME OF OFFICER

the undersigned officer, personally appeared _____
NAME(S) OF PARENT(S)

known to me (or satisfactorily proven) to be (a) serving in the armed forces of the United States, (b) a spouse of a person serving in the armed forces of the United States, or (c) a person serving with, employed by, or accompanying the armed forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam and the Virgin Islands, and to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same. And the undersigned does further certify that he is at the date of this certificate a commissioned officer in the active service of the armed forces of the United States having the general powers of a notary public under the provisions of Section 936 of Title 10 of the United States Code (Public Law 90-362) (Per California Civil Code Section 1183.5).

Subscribed and sworn to before me

On the _____ day of _____,
19 _____

Signature of Officer and Serial Number, Rank,
Branch of Service and Capacity in which signed.